

Please Type/Print

School\_\_\_\_\_

Received\_\_\_\_\_

Advisor\_\_\_\_\_

## **Missouri DECA Statement of Assurance**

I, \_\_\_\_\_, have properly completed and signed Missouri DECA  
*Advisor's Name*  
Comprehensive Consent Form on file for each student attending the Missouri DECA  
activities. By signing below, I am also indicating that I will have the Missouri DECA  
Comprehensive Consent Form in my possession for the duration of all DECA activities,  
including travel to and from these activities. I also understand the following:

1. Missouri DECA will not collect the Comprehensive Consent Form prior to or at Missouri DECA activities.
2. The Missouri DECA Comprehensive Consent Form, when properly and totally completed, provides the best protection for my student's medical needs and my liability during these activities.

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated as indicated by my signature appearing below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
School Official Signature

**PLEASE RETURN THIS FORM TO THE STATE ADVISOR PRIOR TO ATTENDING  
YOUR FIRST STATE ACTIVITY.**